PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	79	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	79 minus 20=	* 59
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=	531	OR	X$18=	
X42=			X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

3-7-05

AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	* 79	Minus	** 79	= —
	Independent	* 6	Minus	*** 6	= —
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X$ 9=	—	OR	X$18=	
X42=	—	OR	X84=	
+140=	—	OR	+280=	
TOTAL ADDIT. FEE	—	OR	TOTAL ADDIT. FEE	

11-2-05

AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	* 77	Minus	** 79	= —
	Independent	* 7	Minus	*** 6	= 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X$ 9=	—	OR	X$18=	
X42=	100.00	OR	X84=	
+140=	—	OR	+280=	
TOTAL ADDIT. FEE	100.00	OR	TOTAL ADDIT. FEE	

AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
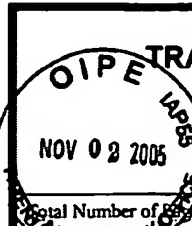*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

United States Patent and Trademark Office
- Sales Receipt -

11/07/2005 CQUEEN   00000002 501212   10044842
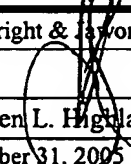
01 FC:2201   100.00 DA

TRANSMITTAL FORM	Application Number:	10/044,842
	Filing Date:	January 11, 2002
	First Named Inventor:	Issam Raad
	Art Unit:	1744
	Examiner Name:	Brad Y. Chin
Total Number of Pages in this Submission : _____	Attorney Docket Number:	UTSC:669US

OIPE — NOV 0 2 2005 — stamp

ENCLOSURES (check all that apply)

- [ ] Fee Transmittal Form
  - [ ] Fee Attached
- [X] Amendment/Reply
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [ ] Extension of Time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
  - [ ] Form PTO-1449
  - [ ] References _____
- [ ] Certified Copy of Priority Documents
- [ ] Reply to Missing Parts/ Incomplete Application
  - [ ] Reply to Missing Parts/Requirements
  - [ ] Declaration(s) _____
  - [ ] Copy of Notice of Missing Parts/Requirements

- [ ] Drawings(s) _____
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation, Change of Correspondence Address
  - [ ] Statement under 37 CFR §3.73(b)
  - [ ] Designation of Patent Practitioners
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number CD(s) _____
  - [ ] Landscape Table on CD

- [ ] After Allowance Communication to TC
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [X] Other Enclosure(s) (please identify below)
  - [X] Check in the amount of $225.00
  - [X] Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: 50-1212/UTSC:669US/SLH.
  - [ ] Sequence Statement
  - [ ] Paper Copy of Sequence Listing
  - [ ] Computer Readable Form (CRF)
  - [X] Postcard
  - [ ] _____
  - [ ] _____

Remarks: If the check is inadvertently omitted or additional fees under 37 C.F.R. §§ 1.16 to 1.21 are required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No.: 50-1212/UTSC:669US/SLH.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	October 31, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Steven L. Higlander	Date	October 31, 2005